CONFERENCE APPROVAL/FUNDING REQUEST FORM

Following is the format that includes the information needed in an organization's conference approval package:

DATE OF REQUEST: (self-explanatory)

REQUESTED BY: (name/title of requesting official)

SPONSORING ORGANIZATION: (title of DOE or DOE contractor organization sponsoring the

conference)

COSPONSORING ORGANIZATION: (title of DOE or DOE contractor organization or non-DOE entity cosponsoring the conference, if applicable)

CONFERENCE TITLE: (formal title of conference)

Contractor Employees (Field):

CONFERENCE DATE: [proposed date(s) of the conference]

PURPOSE AND OBJECTIVE(S): (Describe the purpose of the conference, justify, and certify that sponsorship of this conference is important to the program mission.)

CONFERENCE LOCATION: (proposed city and state where the conference is to be held, or foreign location, if applicable)

RATIONALE FOR SELECTION OF CONFERENCE LOCATION: (Provide a rationale and justification for site selection; a cost comparison of alternative sites considered (if location is not at a principal facility site of the sponsoring organization); and certification that the site selected is the most cost-effective considering costs such as travel, per diem, and conference logistics.)

ESTIMATED COST BREAKDOWN: (Provide applicable information.)

TRAVEL AND PER DIEM COSTS (Includes registration fee, air fare, limo, hotel, and per diem for each expected attendee/speaker from DOE/DOE contractor facilities, i.e., BNL, SLAC, etc.)

XX,XXX

DOE Employees (HQ): \$ XX,XXX

DOE Employees (Field): XX,XXX

Contractor Employees (HQ): XX,XXX

TOTAL DOE TRAVEL COSTS: \$ XXX,XXX

OTHER EXPENSES

Logistics:

Coffee Breaks (<n>x<n>x\$3.50)*</n></n>	\$XXXX
Streaming Video or Video Conferencing	\$XXXX
Setup (Clorica)	\$XXXX
Daily Shuttle Bus Rental	\$XXXX
Bus Rental Tours	\$XXXX

Supplies and Support:

Registration Materials (<n>x\$3)</n>	\$XXXX
Participant travel support	\$XXXX
Proceedings	\$XXXX
Poster	\$XXXX
Supplies	\$XXXX
Streaming Video	\$XXXX
Duplicating	\$XXXX
Overtime	\$XXXX
Credit Card Fees (3.3% x 80% participants x Registration Fee)	\$XXXX
PCI Data Security Fee (CC Processing Lease)	\$XXXX
Speakers Support**	\$XXXX
Student Travel Support**	\$XXXX

Sub-Total Contract Allowable Expenses:

Contingency (11%)	\$XXXX
Overhead (16.8%)	\$XXXX

Total Contract Allowable Expenses: \$XXXX

Contract Unallowable Expenses

Reception <n>x<per cost="" estimated="" person="">***</per></n>	\$XXXX
Banquet <n>x<per cost="" estimated="" person="">***</per></n>	\$XXXX
Bus Rental to/from Reception/Banquet Location***	\$XXXX
Overtime***	\$XXXX
Setup (Clorica)***	\$XXXX

Sub-Total Contract Unallowable Expenses: \$XXXX

Overhead (16.8% x bus rental, outside banquet) \$XXXX

Total Contract Unallowable Expenses \$XXXX

Sub-Total Estimated Costs (Allowable and Unallowable) \$XXXX

Less Registration Receipts (Reg Fee x No. Registrants)

TOTAL OTHER EXPENSES

TOTAL ESTIMATED DOE COSTS: (Fermilab funding plus DOE Travel Costs)

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ESTIMATED COSPONSORS COSTS:

Fermi Research Alliance, LLC	\$XXXX
National Science Foundation (must apply for separately)	\$XXXX
Universities Research Association, Inc. Visiting Scholars Program (must apply	
for separately)	\$XXXX
U. S. Department of Energy (must submit Field Work Proposal separately)	\$XXXX
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TOTAL ESTIMATED INCOME

\$XXXX

ESTIMATED TOTAL NUMBER OF CONFERENCE ATTENDEES:

	Traveling	Non-traveling
DOE HQ Employees (Detail number from each office): FE	XX X	XX
ME	X	
etc. DOE Field Employees:	XX	XX
AL		
etc.		
Contractor Employees (HQ):	XX	XX
CACI		
Contractor Employees (Field):	XX	XX
LBNL		
FETC		
etc.		
Others	XX	XX

^{*}The provision of refreshments during necessary session breaks will allow participant to continue discussions on topics presented and to collaborate individually. Not providing refreshments leaves little time for attendees to collaborate if they have to go to the cafeteria to get refreshments.

^{**}These funds can be used to cover airline tickets only if tickets are purchased through the Fermilab Travel Office. Tickets purchased elsewhere will not be reimbursed.

^{***}If FRA or other corporate sponsors are unable to provide support for these events, the Organizers will be forced to sell tickets to cover the entire costs of the events or cancel the events entirely.

(Date)

TOTAL:	XXX	XXX
SUPPORT CONTRACTOR PERFORMANCE : (If applied will provide support for the conference.)	cable, specify the sup	port contractor who
IMPACT STATEMENT : (Provide an impact statement of	effect if the conference	ce is not approved.)
POINT OF CONTACT FOR THE SPONSORING ORGA	ANIZATION:	
Cynthia M. Sazama Fermilab Conference Office Phone: 630-840-4102 Fax: 630-840-8589 E-Mail: Sazama@fnal.gov		
Funding Requested from:		
Fermi National Accelerator Laboratory Fermi Research Alliance, LLC National Science Foundation (must apply for separately) Universities Research Association, Inc. Visiting Scholars Profor separately) U. S. Department of Energy (must submit Field Work Proposed Scholars additional institutions or agencies from which	ogram (must apply sal separately)	\$XXXX \$XXXX \$XXXX \$XXXX support.>
Approved: Michael A. Lindgren, Head, Particle Physics Division	on Date	
Fermilab Funding Approved: Source of F	unding:	
Approved:Bruce L. Chrisman, Chief Operating Officer	Date	
Fermilab Funding Approved: Source of F	unding:	
Approved:Pier Oddone, Laboratory Director		

Fermilab Funding Approved: _____ Source of Funding: _____